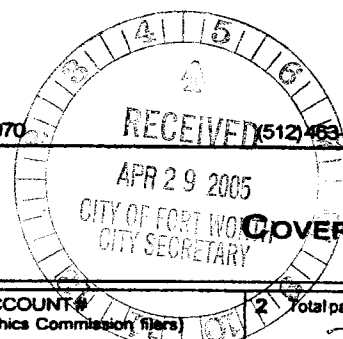


30

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT


FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

2 Total pages filed:

38

**3 CANDIDATE /
OFFICEHOLDER
NAME**

MS / MRS / MR

FIRST

MI

 ms. Erin Kathleen
 NICKNAME LAST SUFFIX

Hicks

OFFICE USE ONLY

Date Received

**OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX**
**4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

 P.O. Box 15921
 Fort Worth, Texas 76119

☐ Change of Address

**5 CANDIDATE/
OFFICEHOLDER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817) 810 0007

**6 CAMPAIGN
TREASURER
NAME**

MS / MRS / MR

FIRST

MI

 Dr. Clarence J.
 NICKNAME LAST SUFFIX

Brooks

Receipt #

Amount

Date Processed

Date Imaged

**7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2200 Evans Avenue Fort Worth, Texas 76104

**8 CAMPAIGN
TREASURER
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(817) 926 4693

9 REPORT TYPE
☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

**10 PERIOD
COVERED**

Month

Day

Year

THROUGH

Month

Day

Year

3 / 29 / 05 THROUGH 4 / 27 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

5 / 7 / 05

☒ Primary☐ Runoff☐ General☐ Special
12 OFFICE

OFFICE HELD (if any)

-

13 OFFICE SOUGHT (if known)

City Council Rep, District 8

**14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Erin Kathleen Hicks

16 ACCOUNT # (Ethics Commission file)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED
in kind donation

\$ 5050.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 22400.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 13,199.76

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 9200.24

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Erin Kathleen Hicks
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Erin Kathleen Hicks, this the 29th day of April, 2005, to certify which, witness my hand and seal of office.

Marty Hendrix
Signature of officer administering oath

Marty Hendrix
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Erin Xaknison Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/1/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Virginia M. Leonard	7 Amount of contribution (\$) \$300	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/1/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) D.P. Leonard, Jr.	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/1/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Zeland A. Hodges	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/1/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) James Anthony	Amount of contribution (\$) \$300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Atty Constance Langston	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4200 South Hulen Street Fork Worth, Texas 76104			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

This instruction guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Erin Kathleen Hicks</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/2/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Louis A. McBee</i>	7 Amount of contribution (\$) <i>\$50</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>3/30/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Said & Elizabeth El Alady</i>	Amount of contribution (\$) <i>\$25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/5/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>James D & Charlotte A. Finley</i>	Amount of contribution (\$) <i>\$1,500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/5/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Atty. David F. Chappelle</i>	Amount of contribution (\$) <i>\$500</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/5/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <i>Ginger Head</i>	Amount of contribution (\$) <i>\$100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Erin Kathleen Hicks		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/7/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Rev. Nonomian Davis	7 Amount of contribution (\$) 1200	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/7/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Joy Thomas	Amount of contribution (\$) \$125	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Arky marvina IV. Robinson	Amount of contribution (\$) \$100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/2/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Arky James & Carol Snow	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/7/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Marlena & Henry Nero	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Erin Kathleen Hicks</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/7/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Mrs. Hester Randle McDaniel</i> 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <i>100</i>	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/7/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Randy Lorraine Dukes</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/7/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Beverly C. Wiley</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/7/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Atty Nancy Ellen Tyler</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/7/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Marvin E. W. Johnson</i> Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>25</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Erin Kathleen Hicks</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>4/7/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Charlene D. Ayers</i>	7 Amount of contribution (\$) <i>25</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/7/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Michelle R. Brown</i>	Amount of contribution (\$) <i>20</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/7/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Dorothy N. Davis</i>	Amount of contribution (\$) <i>25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/9/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>June Esmer Slau</i>	Amount of contribution (\$) <i>25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/8/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Arxy Jesse Gaines</i>	Amount of contribution (\$) <i>100</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/8/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Kathleen G. Broadbury 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Arty Charles F. Moore Contributor address; City; State; Zip Code	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Arty Bobbie Edmonds Contributor address; City; State; Zip Code	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Honorable Kenneth Barr Contributor address; City; State; Zip Code	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jackie D. Bewley Contributor address; City; State; Zip Code	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/9/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Axy Surraing Tony Krause 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Axy Gwinda Burns Contributor address; City; State; Zip Code	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/9/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Vernell Vera J. Sturns Contributor address; City; State; Zip Code	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/7/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Manel & Bobbie Baker Contributor address; City; State; Zip Code	Amount of contribution (\$) 25	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Axy Sesseleaines Contributor address; City; State; Zip Code	Amount of contribution (\$) 50	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/8/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Atty. Lucy Brant 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/8/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Justice John G. Mrs. Lynda Hill 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Atty Nancy L. Bergen Contributor address; City; State; Zip Code	Amount of contribution (\$) 75	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Linda Bergen, Goggin Blair & Sampson Contributor address; City; State; Zip Code	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pardue Bracke & Flores, Ux & Burns Contributor address; City; State; Zip Code	Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Atty Terry D. Lewis Contributor address; City; State; Zip Code	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <i>Erin Kathleen Hicks</i>		3 ACCOUNT # (Ethics Commission file)	
4 Date <i>4/11/05</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Atty. Janice Whitlock Anderson</i>	7 Amount of contribution (\$) <i>30</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>4/13/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Linda F. Allmand</i>	Amount of contribution (\$) <i>25</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/11/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Atty. Courtney E. Anderson</i>	Amount of contribution (\$) <i>60</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/13/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Marva V. Easter</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>4/13/05</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Mr. & Mrs. Estel A. Vance, Jr.</i>	Amount of contribution (\$) <i>50</i>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <u>Erin Kathleen Hicks</u>		3 ACCOUNT # (Ethics Commission file)	
4 Date <u>4/13/05</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Avery Dawn Dent</u>	7 Amount of contribution (\$) <u>250</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>4/13/05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Greater F.W. Assoc. of REALTORS</u>	Amount of contribution (\$) <u>\$2,500</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/13/05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>John Alonzo Walton</u>	Amount of contribution (\$) <u>250</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/13/05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Dr. Marie A. Holliday</u>	Amount of contribution (\$) <u>100</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>4/13/05</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) <u>Dexter Simpson</u>	Amount of contribution (\$) <u>200</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/14/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Atty. George R. Trimble	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 4/13/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Beverly Salvany	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/13/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ruth A. Balcer	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/13/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Walter & Rebecca Littlejohn	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 4/13/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Josephine Margaret Faust	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.				1 Total pages Schedule A:	
2 FILER NAME Erin Kathleen Hicks				3 ACCOUNT # (Ethics Commission files)	
4 Date 4/13/05	5 Full name of contributor Lynn Gois		7 Amount of contribution (\$) 100		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 4/8/05	Full name of contributor MEXY S. SNEED		Amount of contribution (\$) 25		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/19/05	Full name of contributor Percy Elaine Henderson		Amount of contribution (\$) 25		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/20/05	Full name of contributor Arky Renee H. Toliver		Amount of contribution (\$) 50		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4/20/05	Full name of contributor Don Sewerky, Sr.		Amount of contribution (\$) 25		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

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